
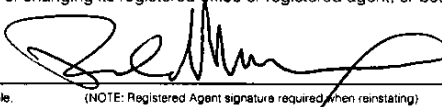
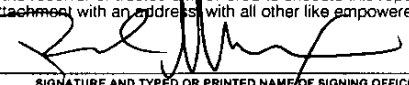


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90068 014 ****61.25

DOCUMENT # 722933 1. Entity Name CARRABELLE AREA CHAMBER OF COMMERCE, INC.					
Principal Place of Business 105 ST JAMES AVE SUITE 8 CARRABELLE, FL 32322			Mailing Address P.O. DRAWER DD CARRABELLE, FL 32322		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3447315	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DOWDEN, LORRAINE 143 CONNETICUT STREET CARRABELLE, FL 32322				7. Name and Address of New Registered Agent Name PAUL MARXSEN Street Address (P.O. Box Number is Not Acceptable) 108 SE AVE B City CARRABELLE FL Zip Code 32322	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE PAUL MARXSEN  DATE 4-27-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10'		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAUSER, SHELIA PO BOX 1221 LANARK VILLAGE, FL 32323	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MATEY, JOAN CARRABELLE FL 32322	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HILDEBRANDT, KAREN PO BOX 632 CARRABELLE, FL 32322	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ZURAWKA, CAROL 2606 HWY 98 W CARRABELLE FL 32322	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMPSON, RAY PO BOX 632 CARRABELLE, FL 32322	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRINK, SKIP PO BOX 75 CARRABELLE, FL 32322	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARXSEN, PAUL PO BOX 629 CARRABELLE, FL 32322	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MARXSEN PAUL PO BOX 629 CARRABELLE FL 32322	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: 			PAUL MARXSEN 4-27-07 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>		

40111001



04272007 Chg-NP CR2E037 (12/06)